

ADDRESS: [REDACTED]

TEL: [REDACTED]

FAX: [REDACTED]

*** INVOICE ***

TO: ALDAN INTERNATIONAL INC.
2813 DESIARD ST..MANROE.
LOUISIANA 71201.U.S.A.

INV. NO: [REDACTED]
DATE [REDACTED]
P/O NO: [REDACTED]

ATTN: [REDACTED]

DESCRIPTION	PRICE (U.S.\$)
LABOR ON MOLD REPAIRS	
1.C-174R BOTTLE MOOD	[REDACTED]
2.C-176B ICON	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
TOTAL (U.S.\$): [REDACTED]	

copy to [REDACTED]

For [REDACTED]

EXHIBIT B